



## Working Together for the Health of Our Communities

Asian Health Services · Axis Community Health · La Clínica · LifeLong Medical Care

Native American Health Center · Tiburcio Vasquez Health Center · Tri-City Health Center · West Oakland Health Council

Date: July 9, 2012

To: California Dept. of Health Care Services

From: Luella Penserga, Director of Policy & Planning, Alameda Health Consortium

Re: **Alameda Health Consortium Comments on the DRAFT Initial Low-Income Health Program (LIHP) Transition Plan**

Thank you for the opportunity to provide comments on the draft LIHP transition plan. The Alameda Health Consortium is an association of 8 federally-qualified health centers; together our member health centers provide medical, behavioral, dental care and supportive services to more than 170,000 people residing in Alameda County.

The following are the Alameda Health Consortium's comments on the draft:

### **Plan for Eligibility Determination and Pre-Enrollment (p. 2)**

- We support the use of existing LIHP enrollee information for Medicaid and Exchange eligibility determinations.
- It is not clear from reading the document if there will be an entirely new State enrollment system for new Medi-Cal enrollees. **Please add language to clarify the role of County Social Services agencies** with expanded Medi-Cal enrollment in 2014.

### Communication of Eligibility for Medicaid and Exchange (p. 2)

- In addition to DHCS partnership with local LIHPs, we recommend adding that DHCS will partner with **"beneficiaries and providers, including community health centers and public hospitals"** as part of the communication strategy, outreach and effort.

### **Medi-Cal Managed Care Plan Assignment (p. 3)**

- Again, please clarify role of County Social Services agencies in the new State enrollment system for new Medi-Cal enrollees.

### Plan Assignment (p. 3)

- We support the "opt-out" process which assigns enrollees to the Medi-Cal Managed Care Plan based on their most recently chosen LIHP medical home.
- If a patient had to switch providers to join LIHP (i.e. their providers weren't contracted providers), the patient should have the option of being re-assigned to their original provider once enrolled in Medi-Cal.

Communication of Medi-Cal Managed Care Plan Assignment (p. 4)

- We recommend adding: "outreach materials to LIHP enrollees **will be written for low-literacy audiences and will also be available in the Medi-Cal threshold languages.**"

Transition Assistance (p. 5)

- We recommend offering beneficiaries direct personal assistance as they transition into Medi-Cal.

Rate-Setting (p. 5)

- We recommend that the State supplement its rate-setting analysis with Medi-Cal data for comparable populations (LIHP population tends to have complex health conditions and are almost all adults) and other actuarial data sets. Currently the quality of LIHP data is very uneven. LIHP utilization rates are under-reported. The "out-of-network" hospitals don't identify LIHP enrollees consistently and often don't bill because of the low financial incentive. Furthermore, the LIHP and Medi-Cal scope of benefits are not the same.